

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024609

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3453

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
John T. Skinner
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: -Residence before - a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>4 hrs.</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>3647 North Grand</u>	
3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>James</u> Last <u>Staelens, Jr.</u>		4. DATE OF DEATH Month <u>6</u> Day <u>18</u> Year <u>63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-18-63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and state or country) <u>Kansas City Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Paul James Staelens</u>		13b. MOTHER'S MAIDEN NAME <u>Carol Alice Kessler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of -----)		16. SOCIAL SECURITY NO. -----	
17. INFORMANT <u>Carol Kessler Staelens K.C. Missouri</u>		Address <u>3647 N. Grand</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Artery Disease</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last: <u>Arteriosclerosis of heart</u> DUE TO (b) <u>Arteriosclerosis of heart</u> DUE TO (c) <u>Presumably 6 1/2 Mojostatin</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>4 hours</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>6-18-63 5:30 AM</u> to <u>9:30 AM</u> and last saw her alive on <u>9:30 AM 6-18-63</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John T. Skinner</u> (Degree or title) <u>MO</u>		22b. ADDRESS <u>St. C. MO</u>	
22c. DATE SIGNED <u>6-18-63</u>			
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-19-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City North, Missouri</u>
24. FUNERAL DIRECTOR <u>Mellody-McGilley- Eylar Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>6-19-63</u>	
ADDRESS <u>1800 E. Linwood, Kansas City, MO</u>		26. REGISTRAR'S SIGNATURE <u>Ruth H Long</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

Infant Stokens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *James E. Hackleman*

Licensed Embalmer No. *4523*

P. O. Address *KC MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.